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Appl. No. 10/776,048
Amdt. Dated 01/06/05
Reply to Office Action of 10/06/05

UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/776,048 Confirmation No. 2115
Applicant : Solomon Aguilera
Filed : February 12, 2004
TC/AU : 3643
Examiner : Kurt C. Rowan
Docket No. : NNY2426
Customer No. : 34356

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of **10/06/2004**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

JAN 06 2005

PTO/SB/21 (09-04)

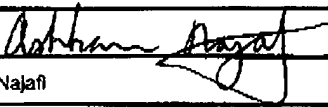
Approved for use through 07/31/2006. OMB 0531-0031

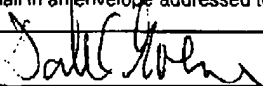
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/776,048	
	Filing Date	02/12/04	
	First Named Inventor	Solomon Aguilera	
	Art Unit	3843	
	Examiner Name	Kurt C. Rowan	
Total Number of Pages in This Submission	10	Attorney Docket Number	NNY2428

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Nine page amendment in response to 10/06/04 Office Action.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Office of Ashkan Najafi, P.A.		
Signature			
Printed name	Ashkan Najafi		
Date	01/06/05	Reg. No.	49,078

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Dale C. Goema	Date	01/06/05

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